

Fig.1

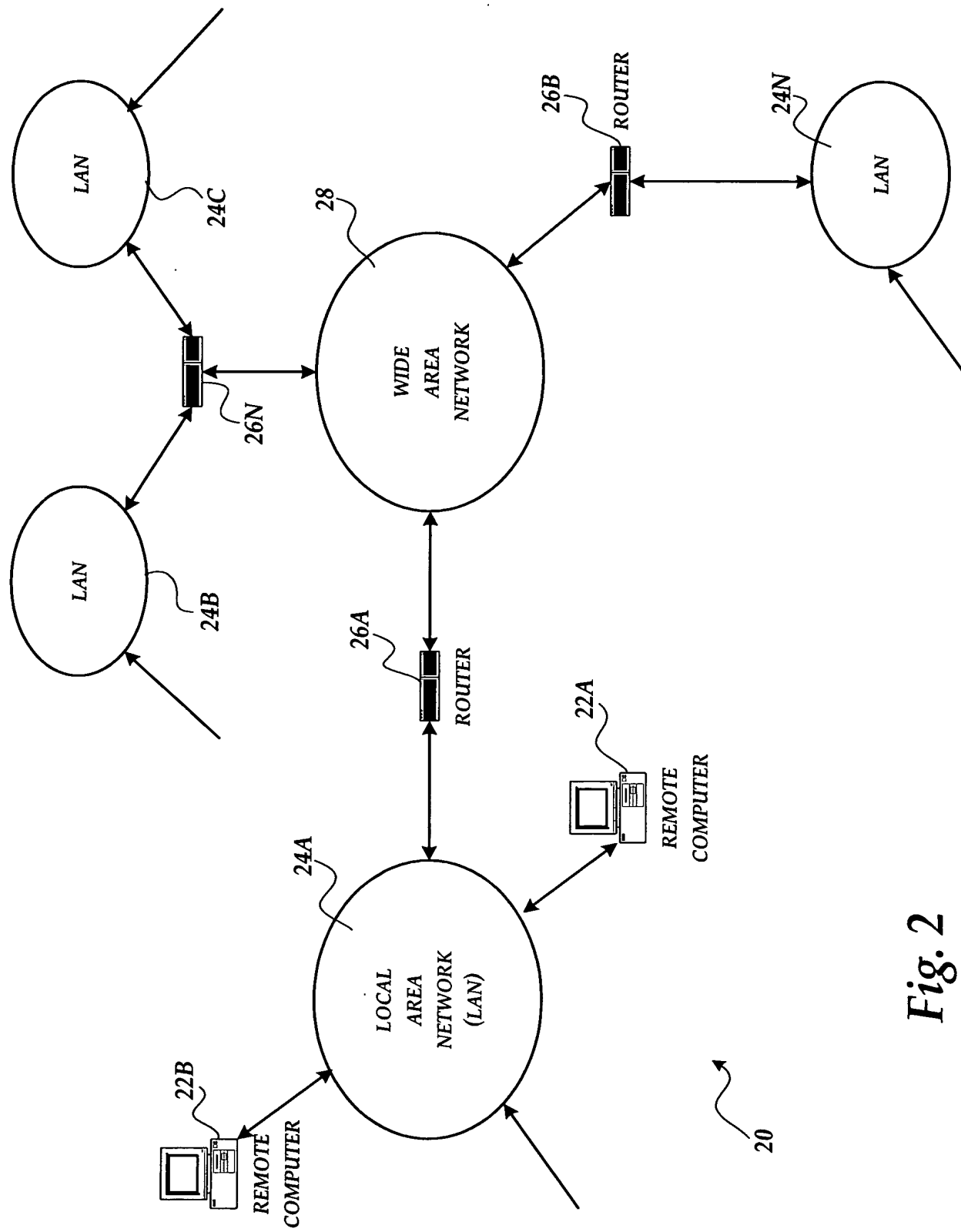


Fig. 2

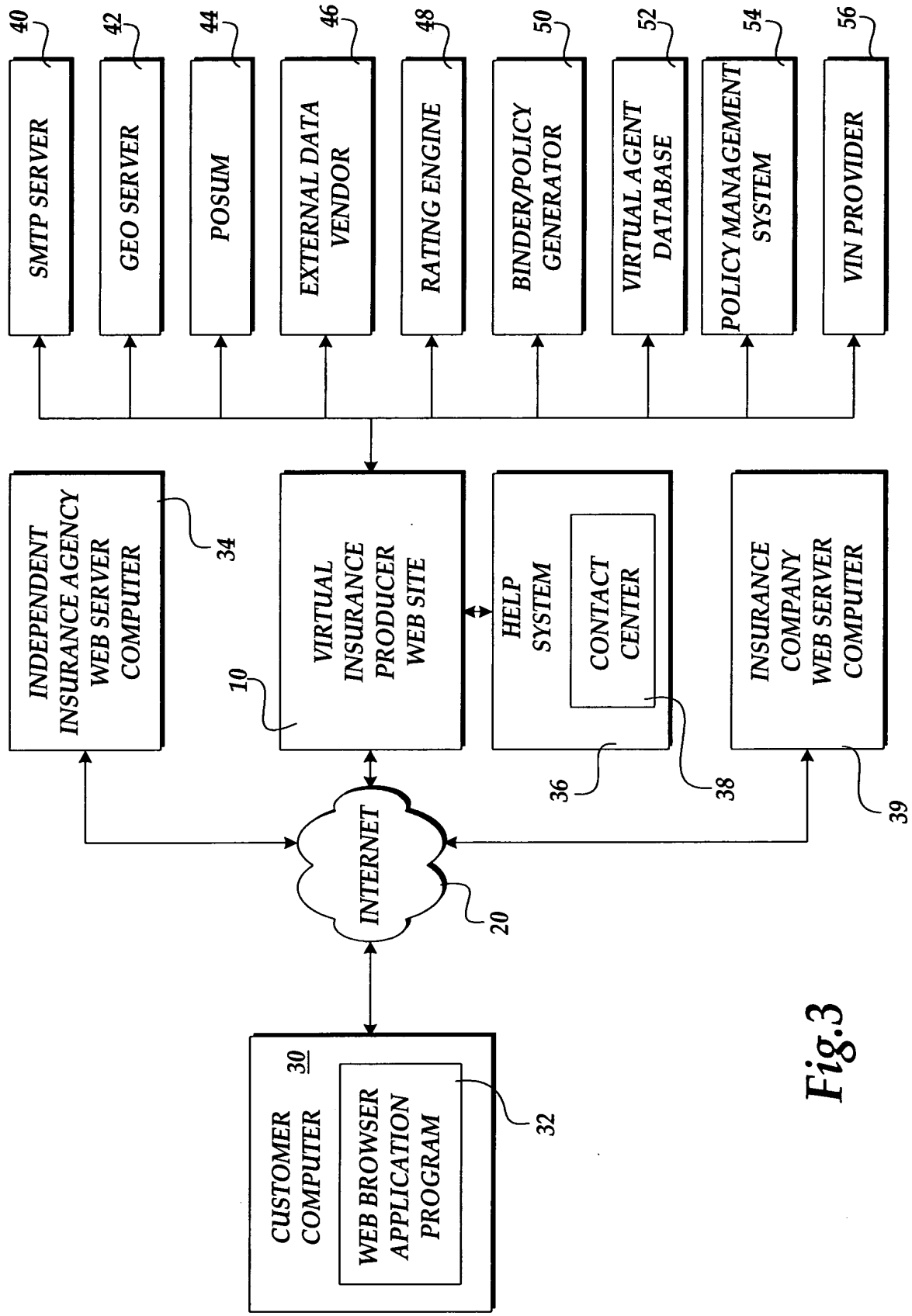


Fig.3

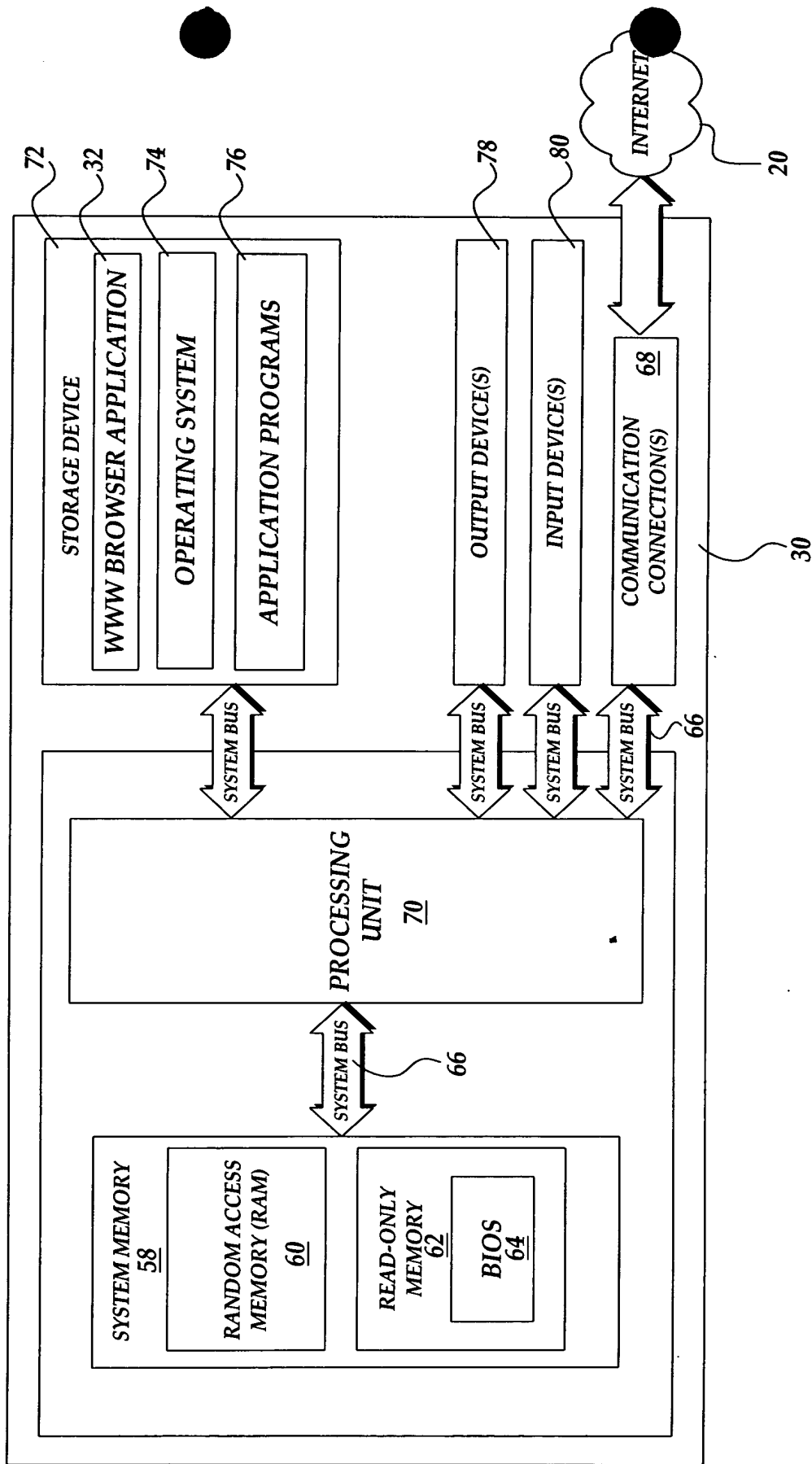


Fig.4

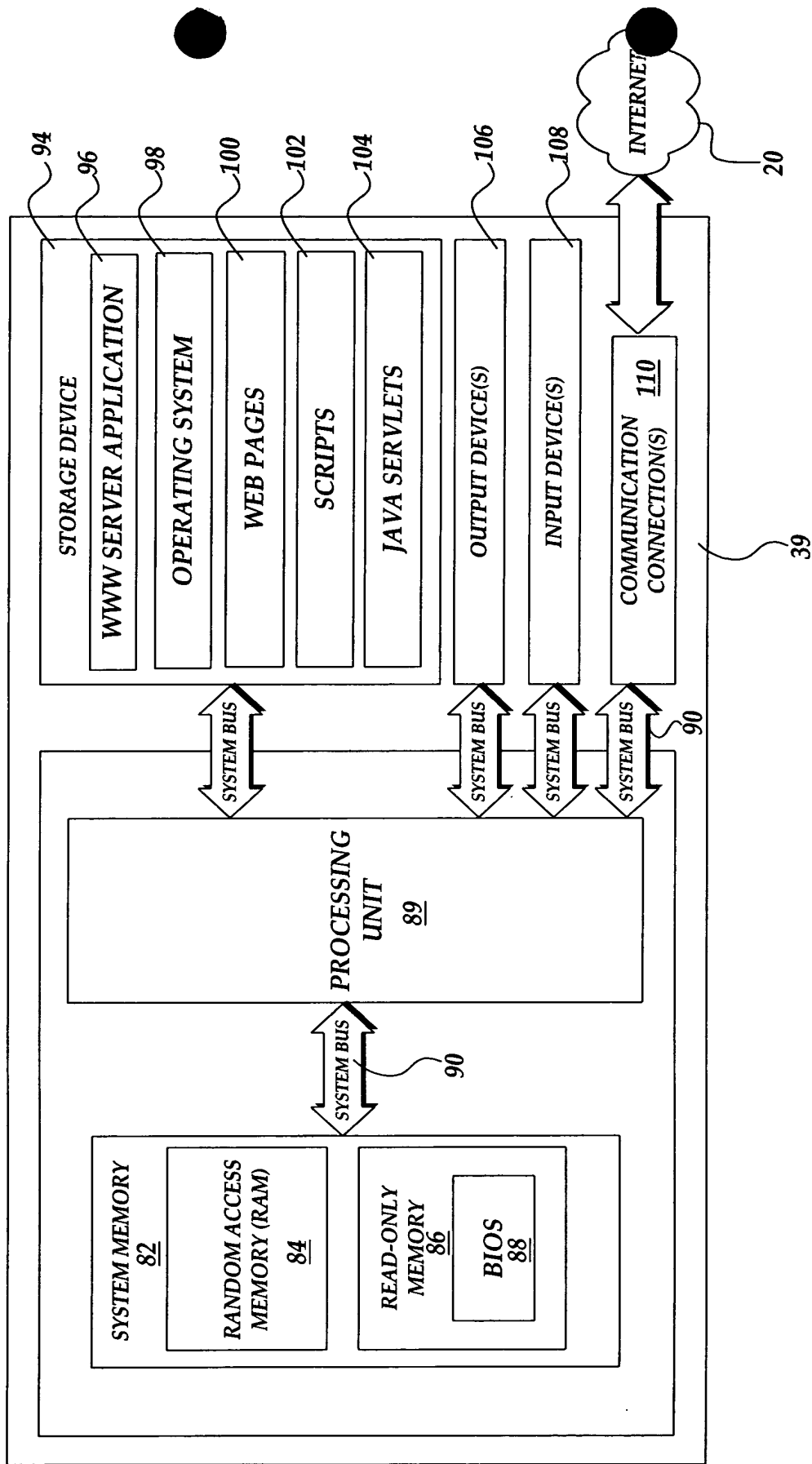


Fig.5

Family : Insurance : Auto - Microsoft Internet Explorer

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Address http://devsv017/ecddprototype/grehoy/auto/start_page.htm

Driver Information Vehicle Information Coverage Information

SAFECO AGENT SUPPORT ANYTIME

STEP ONE - DRIVER INFORMATION

Note: Fields designated with a red asterisk (*) are required fields.

First name:

Please enter your first name only

*Email address:

Your email address is collected purely for communication and tracking purposes. SAFECO will not provide your email to third parties or use your email address for solicitations. Please review our [Privacy Policy](#) for more detailed information.

*Zip code:

Please enter the Zip code of your primary residence, where your vehicle(s) is/are kept overnight (If you are providing your Zip code in Zip+4 format, please use the format 12345-6789)

*Number of vehicles:

Please select the number of vehicles you are interested in insuring.

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Fig. 6A

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Address http://devsv017/ecddprototype/grehoy/auto/start_page.htm

*Drivers:

How many drivers (including yourself) are licensed to drive and will have access to these vehicles?

*What would you like to do?:

Get a quick online insurance estimate

Get a guaranteed premium quote, with an option to purchase online

Please indicate whether you're just interested in getting an estimate (quote) for insurance, or interested in completing an insurance purchase now

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Continue

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Fig. 6B

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Address http://devsv017/ecddprototype/grehoy/auto/Full_01.htm

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STEP ONE - DRIVER INFORMATION

FINAL QUOTE & PURCHASE MODE

Note: Fields designated with a red asterisk (*) are required fields.

<Primary insured's first name>, please complete the following information. When you've completed the form, click the "Continue" button at the bottom.

If you complete your insurance coverage purchase online, you will receive a \$50 discount from the standard premium!

*Your first name:

This is the first name you entered on the previous page. If this is not correct, you may change it here.

Your middle initial:

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Fig. 7A

Family : Insurance : Auto - Microsoft Internet Explorer

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Address http://devsv017/ecddprototype/grehoy/auto/Full_01.htm

Your middle initial:

*Your last name:

Suffix:

*Your email address:

This is the email address you entered on the previous page. If this is not correct, you may change it here.

*Mailing address 1:

Mailing address 2:

*City:

*State:

*Zip code:

This is the Zip code you entered on the previous page. If this is not correct, you may change it here.

*Marital status:

Please indicate your marital status

*Birth date:

Please indicate your birth date

*Gender:

Please indicate your gender

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Fig. 7B

Family : Insurance : Auto - Microsoft Internet Explorer

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Address http://devsv017/ecddprototype/grehoy/auto/full_03.htm

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2 STEP TWO - VEHICLE INFORMATION

FINAL QUOTE & PURCHASE MODE

Note: Fields designated with a red asterisk (*) are required fields.

<Primary insured's first name>, you also indicated there are 4 vehicles you are interested in insuring. Please provide some basic information about each vehicle below.

Vehicle 1

*Model year:
Please indicate the model year

*Make:
Please indicate the manufacturer (make) of the vehicle

OR

If available, please enter the Vehicle Identification Number (VIN) instead of the manufacturer's name:

The VIN is a 17 digit serial number which can be located on your vehicle's dashboard (usually on the driver's side, commonly located where the dashboard

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Fig. 8A

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Address http://devsv017/ecddprototype/grehoy/auto/full_03.htm

*Primary use of vehicle:
Please indicate how this vehicle is primarily used. Select 'Business use' if the vehicle is regularly used for occupational responsibilities such as sales or delivery.

*Primary operator of vehicle:
Who drives this vehicle the most?

*Percentage of use per driver:

<Primary>	<Driver 3>
<input type="text" value="Select"/>	<input type="text" value="Select"/>
<Driver 2>	<Driver 4>
<input type="text" value="Select"/>	<input type="text" value="Select"/>

Please designate the percentage that each driver uses the vehicle. All percentages must total 100%.

*Miles within the next 12 months:
Please enter the estimated number of miles this vehicle will be driven over the next 12 month period

*Odometer reading:
Please enter the current odometer reading on this vehicle

*Anti-theft device?:
This is the type of anti-theft device (if any) you chose during the estimate process. If this is not correct, you may change it here.

*Vehicle "garaging" address:
Is this vehicle kept regularly at your mailing address of.

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Fig. 8B

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Address http://devsv017/ecddprototype/grehoy/auto/full_05.htm

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STEP THREE - COVERAGE INFORMATION

FINAL QUOTE & PURCHASE MODE

Note: Fields designated with a red asterisk (*) are required fields.

<Primary insured's first name>, please select your coverage limits.

*Coverage effective date: February 01 2000
Please indicate the date you would like your insurance coverage to take effect, if different than today's date

*Bodily injury liability: Select
Bodily injury liability covers your legal liability for the injury or death of another person. The value preceding the slash is the dollar limit for any injured person and the value after the slash is the dollar limit for any one accident.

*Property damage liability: Select
Property damage liability covers your liability for the damage of another's property as well as their loss of use for that property.

(19 items remaining) Opening page http://devsv017/ecddprototype/grehoy/auto/full_05.htm... Local intranet zone

Fig. 9A

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Address http://devsv017/ecddprototype/grehoy/auto/full_05.htm

*Personal injury protection: BASIC
Deductible: Select
Personal injury protection covers you, your family, and your passengers (regardless of fault) if they are injured in an accident. What is the difference between "Basic" and "Extended Basic" personal injury protection?

*Medical payments: Select
Medical Payments pays for the medical expenses of the driver and passengers in your car. What's the difference between "Personal Injury Protection" and "Medical Payments"?

*Underinsured motorist protection: Select
This coverage will pay for your injuries caused by a motorist who is underinsured (a motorist whose bodily injury liability limits are insufficient to cover the extent of your damages).

*Underinsured motorist property damage protection: Select
This coverage will pay for damages to your vehicle caused by a motorist who is underinsured (a motorist that doesn't carry sufficient coverage for the extent of your damages).

*Comprehensive coverage (choose a deductible):
<Vehicle 1 model year> <Vehicle 1 make>
<Vehicle 1 model>
usually driven by <Primary insured's

128

(19 items remaining) Opening page http://devsv017/ecddprototype/grehoy/auto/full_05.htm... Local intranet zone

Fig. 9B

32

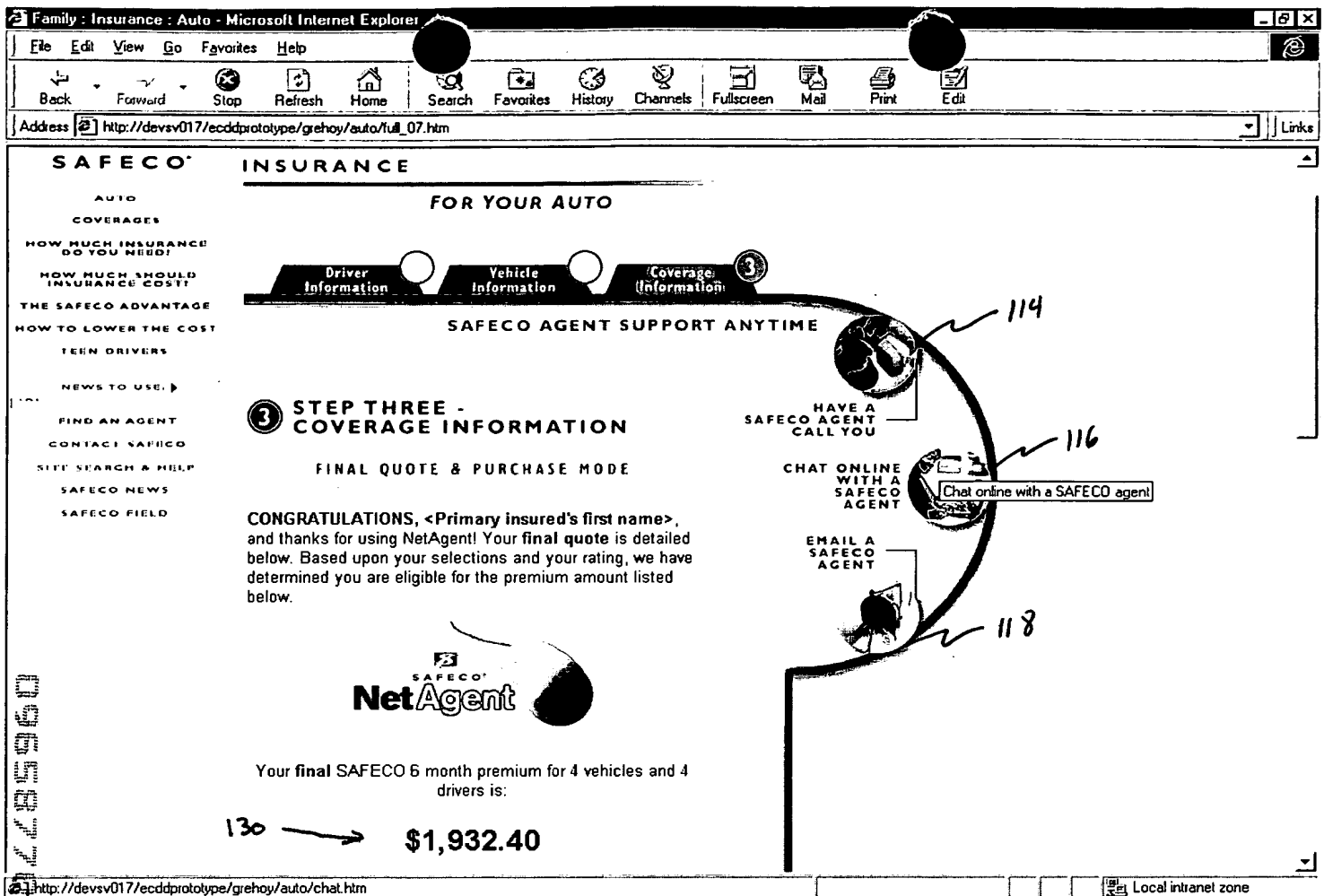


Fig. 10A

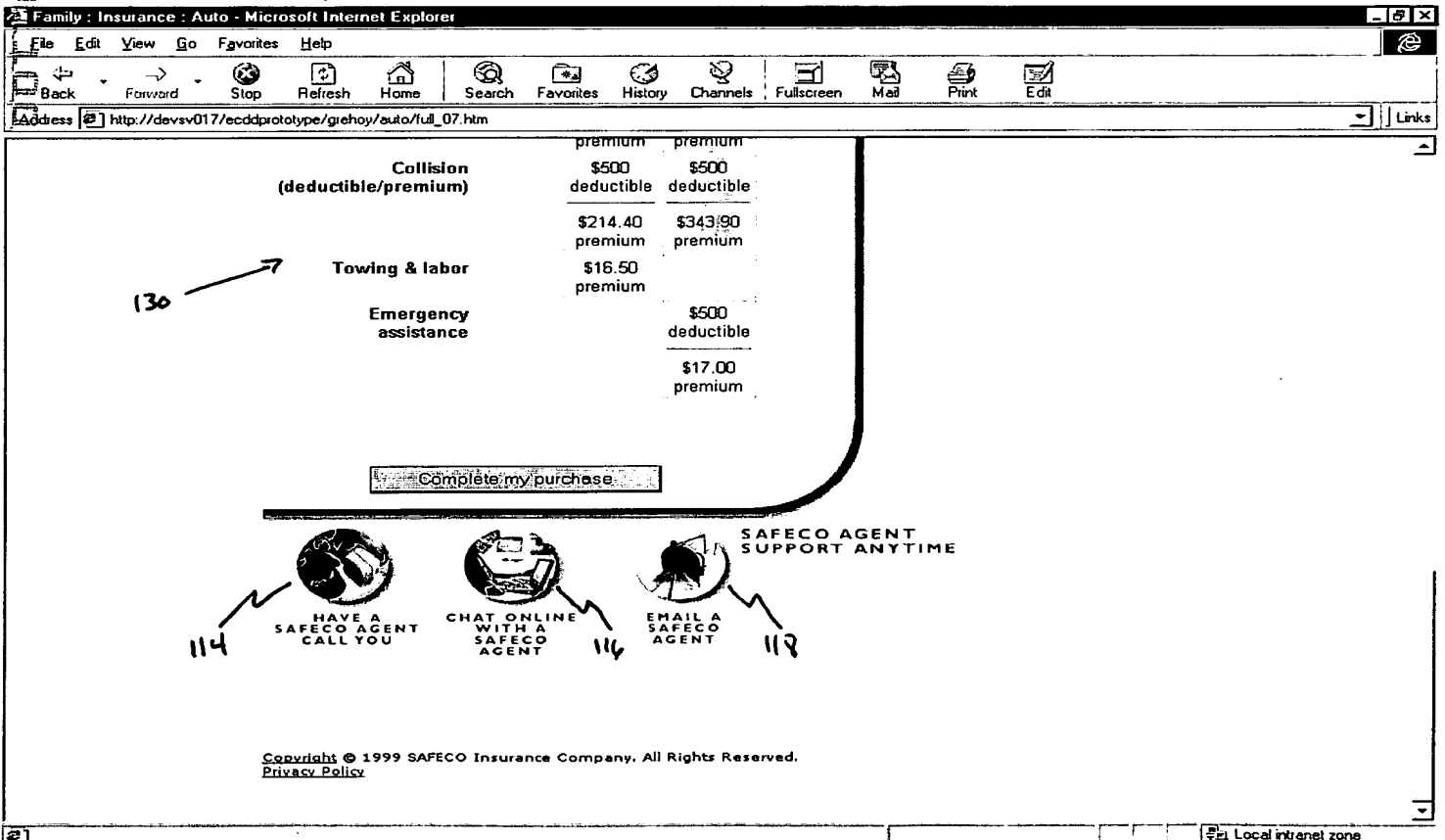


Fig. 10B

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FOR YOUR AUTO

Please enter the requested information below and a SAFECO Agent will call you within 2 hours to discuss your insurance questions and assist you with the completion of your quote.

*Your first name: John

*Your last name:

*Your phone number: . . .
Please enter your area code in the first box. Do not include dashes.

If you prefer, you can reach a SAFECO agent directly by calling 1-800-XXX-XXXX. SAFECO is ready to assist you 24 hours a day, 7 days a week.

You can also elect to return to the NetAgent form you just left and modify your selection(s), or go to the SAFECO.com home page.

☒ Please have a SAFECO agent call me

☐ Return to previous screen and modify my selection(s)

☐ Go to SAFECO.com home page

Done Local intranet zone

Fig. 11A

Family : Insurance : Auto - Microsoft Internet Explorer

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Address http://devsv017/ecddprototype/grehoy/auto/agent_selection_01.htm

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FOR YOUR AUTO

Agent Selection

All SAFECO insurance policies are sold through our network of independent agents. While you have chosen to purchase your insurance policy online, you have the opportunity to select a SAFECO agent to represent your policy, or allow SAFECO assign a local agent to you. In order to complete your purchase, please select one of the following options:

☐ I would like to select a SAFECO agent near me

☐ Please assign a SAFECO agent to my policy for me

☐ I have an existing SAFECO agent who I would like assigned to my policy

Continue

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Fig. 11B

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Address http://devsv017/ecddprototype/grehoy/auto/agent_selection_02.htm Links

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FOR YOUR AUTO

Choose An Agent

The following local SAFECO agents are qualified to represent you. Please select an agent from the list below, or use your browser's BACK button to choose a different Agency Selection option.

<input type="radio"/> Johnson & Anton, Inc. 3 Embadero Ctr., Suite 1020 Seattle, WA 98105-1230 (206) 398-2300	Located 1.2 miles from you
<input type="radio"/> Fletcher Ins, Inc. 3225 NW 13th Street Seattle, WA 98105-1231 (206) 373-4381	Located 1.7 miles from you
<input type="radio"/> Higgins of Washington 877 W. Main Street, Ste. 804 Seattle, WA 98105-1235 (206) 338-1006	Located 1.9 miles from you
<input type="radio"/> Jones Agency 800 Market Street, Ste. 2600 Seattle, WA 98105-1237 (206) 342-2424	Located 2.2 miles from you
<input type="radio"/> Jefferson Agency 1301 East 9th Street, Suite 1900 Seattle, WA 98105-1230 (206) 342-2424	Located 2.4 miles from you

Continue

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Fig. 11C

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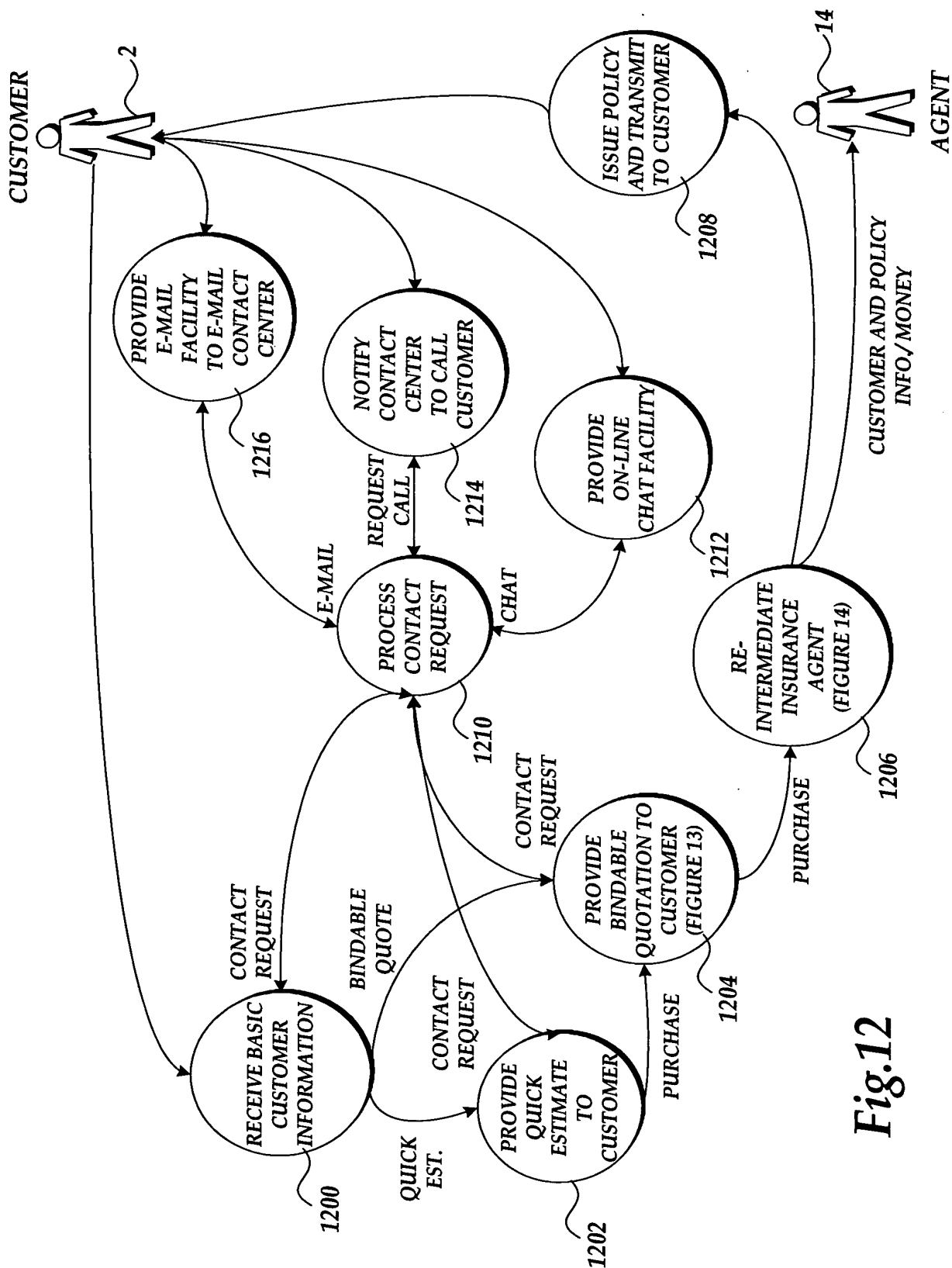


Fig.12

09658770-091100

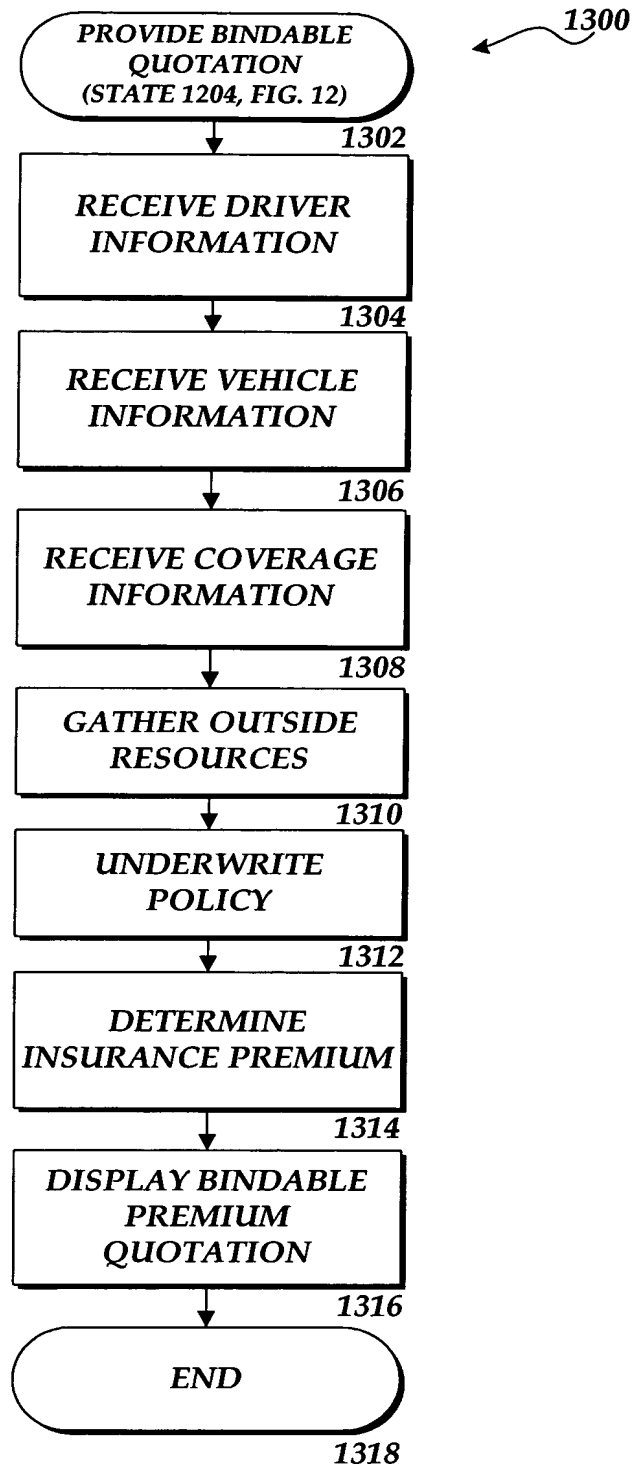


Fig.13

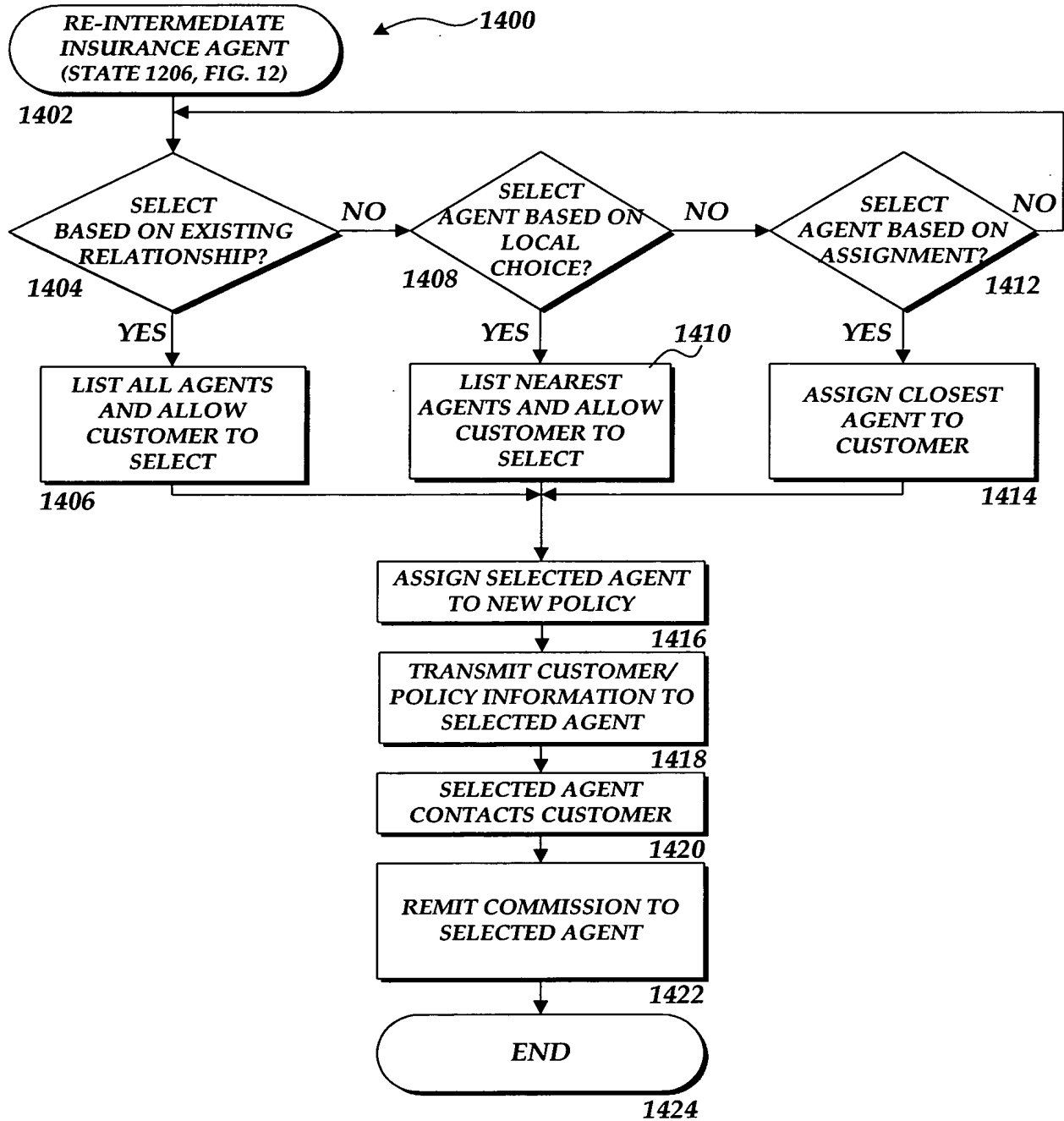


Fig.14